HARN COUNTY HEALTH DEPARTME

**IMPROVEMENT PERMIT** 

Nº 18714 02-5-3972

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) BAJJ Balt Homes	New Installation Septic Tank
Property Location: SR#	Repairs Nitrification Line
	Lot #/2
Number of Bedrooms Proposed: 4(55×50)	Quadrant #
Basement with Plumbing: Garage:	Lot Size:
Water Supply: Well Public Community	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal sy final approval.  Type of system: Conventional  Other	ystem on above captioned property. Subject to
Size of tank: Septic Tank: gallons	
Subsurface No. of exact length of each ditch 280	
French Drain Required: Linear feet	0 11/ -
This permit is subject to revocation if site plans or intended use change.  Date:	2-14-22  Gr was  Environmental Health Specialist
20°	STUB out Plumbing Shalbus where shown or pump My be required treep Prainting ab' from all Property Lines As shown Side 9 Rear
28' HBR S5x50'	On siphic system  Maintain All sit Back
Children 30.	
Rad 100	

## AJTHORIZATION TO CONS AJCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.				
Name Built Homes		9	10-864-1253 ne#	
Name		Telepho	ne#	
Address				
1190		and the second s		
Property Location SR#	10	Road Na		
STONI CROSS	12	# Bedrooms Proposed	, YAI	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM				
New Installation [ ] Repair   Septic Tank [ Nitrification Lines				
Conventional Other				
[ ] Basement [ ] With Plumbing [ ] Without Plumbing				
Water Supply: [ ] Well Public - Minimum Well Setback:Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines Ft.				
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required Depth of gravel				
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.				

Signature of Authorized Agent for Harnett County